FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

105	7	45	-4
•	•	. •	

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden

hours per response. 16.00

SEC	USE ON	LY
Prefix		Serial
DA	TE RECEIV	ED

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Unit Offering	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE RECEIVED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	Ego. See
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	185
Advanced Interactive Systems, Inc.	¥. /3
Address of Executive Offices (Number and Street, City, State, Zip Code) 665 Andover Park West, Seattle, WA 98188	Telephone Number (Including-Area Code) (206) 575-9797
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above	Telephone Number (Including Area Code) Same as above
Brief Description of Business	
Global provider of advanced technology-based training solutions for profess	sionals in high-risk environments
Type of Business Organization Corporation limited partnership, already formed other (p business trust limited partnership, to be formed	lease specify): PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: O 3 96 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	170
CENERAL INSTRUCTIONS	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five years; 	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more o	f a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of	partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Kalman, Steven	Managing Partner
Full Name (Last name first, if individual)	
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Townsend, Bradley	Managing Partner
Full Name (Last name first, if individual)	
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Rigas, John	Managing Partner
Full Name (Last name first, if individual)	
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Zilkha, Donald E.	Managing Partner
Full Name (Last name first, if individual)	
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Schubauer, James A., II	Managing Partner
Full Name (Last name first, if individual)	
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Keys, William M.	Managing Partner
Full Name (Last name first, if individual)	
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Fogg, Joseph G., III	Managing Partner
Full Name (Last name first, if individual)	·
665 Andover Park West, Seattle, Washington 98188	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		neipigavion dava		
2. Enter the information requested for the	-	"		
Each promoter of the issuer, if the	•	•		
				fa class of equity securities of the issuer.
Each executive officer and director Each general and managing partner	·	corporate general and ma	naging partners of	partnership issuers; and
	_ 	-		
Check Box(es) that Apply: Promoter	Beneficial Owner	Bxecutive Officer	Director	General and/or Managing Partner
General the Lord Guthrie of Cra	aigiebank	 		
Full Name (Last name first, if individual) 665 Andover Park West, Seattle	Washington 09196)		
Business or Residence Address (Number at	<u> </u>			
Manies of Residence Magress (Manies at	in biloot, Chy, blaid, zip Ct	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or
Westbury Equity Partners SBIC	, L.P.			Managing Partner
Full Name (Last name first, if individual)	<u> </u>			
100 Motor Pkwy, Suite 165, Ha	uppage, New York	11788		
Business or Residence Address (Number an	d Street, City, State, Zip Co	ode)		
		· · · · · · · · · · · · · · · · · · ·		
Check Box(es) that Apply: Promotor	Beneficial Owner	Executive Officer	Director	General and/or
		···		Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number an	od Street City State Zin Co	nda)		
musiness of Residence Address - (Municer an	d officer, City, State, Esp Co			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
run rame (Last name 1981, 11 muranual)				i
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)		
	,			
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)		- · · · · · · · · · · · · · · · · · · ·
Charle Day () that A and a City	FI 0 6-1-10	D Formal - Office	6 Disease	
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)			·	
(1205)				
Business or Residence Address (Number an	d Street, City, State, Zip Co	de)		
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	·			
Business or Residence Address (Number and	d Street, City, State, Zip Co	de)		

	·					 							
L					В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No ⊠					
	Answer also in Appendix, Column 2, if filing under ULOE.						لسا	ы					
2.	What is	the minin	num investn					-				\$ N/A	<u>. </u>
												Yes	No
3.			permit join									\boxtimes	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	-	Last name	first, if ind	ividual)									
N/Bu		Residence	Address (N	lumber an	d Street. C	itv. State. 7	Zin Code)					•	·
				dinoor an		,,,	sip code,						
Na	me of As	sociated B	roker or De	aler								_	
Sta			Listed Has									· · · · · ·	
	(Check	"All State:	s" or check	individua	l States)	***************************************	•••••	•••••			***************************************	☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nai	me of As	sociated B	roker or De	aler									
Sta	tes in Wi	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						···
	(Check	"All State:	s" or check	individual	States)	•••••••••••••••••••••••••••••••••••••••	••••••••				••••••	□ AI	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	i Name (Last name	first, if indi	vidual)			•						
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	me of Ass	sociated Br	oker or De	aler			•						
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			·····			
	(Check	"All States	or check	individual	States)		***************************************					☐ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	·			
	Type of Security	Aggregate Offering Pri		Am	nount Already Sold
	Debt	S	-0-	s	-0-
	Equity		000	-	100,000
	☐ Common 🄀 Preferred				
	Convertible Securities (including warrants)	:	-0-	s	-0-
	Partnership Interests		-0-	s	-0-
	Other (Specify (Units consisting of convertible notes and warrants)			-	3,750,000
	Total				3,850,000
	Answer also in Appendix, Column 3, if filing under ULOE.			"	2,020,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
		Number Investors			ollar Amount f Purchases
	Accredited Investors	5		s	3,850,000
	Non-accredited Investors	N/A		s	N/A
	Total (for filings under Rule 504 only)	N/A		s _	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of		Do	ollar Amount
	Rule 505	Security N/A		•	Sold N/A
	Regulation A		_	\$_ \$	N/A
	Rule 504		—	-	N/A
	-	N/A	_	s _	N/A
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		_	3	<u>IV/A</u>
	Transfer Agent's Fees			\$	-0-
	Printing and Engraving Costs			S	-0-
	Legal Fees		\boxtimes	s	210,000
	Accounting Fees		\boxtimes	S	25,000
	· Engineering Fees			\$	-0-
	Sales Commissions (specify finders' fees separately)			s	-0-
	Other Expenses (identify)		⋈	s	27,000
	Total	•	_	e	262 000

	PLETE ELECTRICA COMPONING NINIO PRIMIDENCO EN VESTONO EXCENSIVE ANDUSTROLE	ij	dimis :		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			s	3,588,000
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
		1	Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees] 1	-0-		<u>-0-</u>
	Purchase of real estate]:			<u>-0-</u>
	Purchase, rental or leasing and installation of machinery	_ {1}	-0-	П.	\$ -0-
	Construction or leasing of plant buildings and facilities	_			
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			_	
	Repayment of indebtedness	_	•		
	Working capital	_		_	
	Other (specify):				-0-
		_		_	
	<u></u>	_ s	-0-		s <u> </u>
	Column Totals] \$	-0-	Ø	3,588,000
	Total Payments Listed (column totals added)		⊠ \$ <u>3</u>	,588	,000
掘	HATTEN BETTER SEE THE REPORT OF THE PROPERTY O	5 J	建基的销货		
sig	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	is i	iled under Rul n, upon written	e 50:	s, the following
Issı	ner (Print or Type) Signature	ati			
Αċ	Ivanced Interactive Systems, Inc.	1	0/03/0	っつ	
Nar	ne of Signer (Print or Type) Title of Signer (Print or Type)				
B	radle Toursend CFO				
		·			

 \mathcal{END}

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)